

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Telephone Number

Name of Person Filing Jeffrey Brudvig	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text" value="UA Local Union #300"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="612 E 4th St"/></p> <p>City <input type="text" value="Sioux Falls"/></p> <p>State <input type="text" value="South Dakota"/> ZIP Code + 4 <input type="text" value="57103"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text" value="UA Local Union #300 JATC Trust"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="312 31st Ave SW"/></p> <p>City <input type="text" value="Minot"/></p> <p>State <input type="text" value="North Dakota"/> ZIP Code + 4 <input type="text" value="58701"/></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 80px;"><p>Attendance at Instructor Training Program in Ann Arbor Michigan acting in capacity of Training Coordinator for Sioux Falls, SD office of UA Local 300</p></div> <p>11.b. Approximate dollar value of such dealing. <input type="text"/></p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"><p>Reimbursed Food Expenses</p></div> <p>12.b. Amount. <input type="text" value="\$32"/></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>

SUPPORTING FORM FOR LM-30

REIMMURSEMENT FOR MEAL EXPENSES	32.00
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LINE 12.b	TOTAL	32.00
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